



Roanoke County Business License Zoning Compliance Checklist:

For Business License review purposes only

This checklist to be verified by Roanoke County staff.

Date: _____

a.	Certificate of Occupancy issued: Yes <input type="checkbox"/> / No <input type="checkbox"/> Staff Initials: _____ From Building Department <i>(Attach a copy of certificate of occupancy)</i>	
b.	Tax Map #: _____ Address: _____ Property Owner: _____ Business Name: _____ Phone : _____ Zoning District: _____ Zoning Conditions: Yes <input type="checkbox"/> / No <input type="checkbox"/> Ordinance #: _____ <i>If Yes, Contact Planning Staff</i> <i>(Attach a copy of conditions)</i>	
c.	Proposed Use: _____ 1. Is this a permitted use in the zoning district? (Determine from Zoning District Summary Listing)	Yes / No
d.	1. Will there be outside storage of goods, products, equipment, or other materials display or storage of goods or products visible from the public right-of-way or adjacent property? (List equipment used in business) _____	Yes / No / NA
e.	1. Will additional volume of traffic be generated? (# Cars, Etc.) _____ 2. Will additional parking spaces be required? (#) _____ 3. Will there be commercial delivery of materials or products to or from the premises? (If yes, list delivery method & frequency) _____	Yes / No / NA Yes / No / NA Yes / No / NA
f.	1. Is the use the same as the previous use? Will there be any alterations, new occupations or new uses of dwelling or structure? 2. Is handicap remodeling required by building department?	Yes / No / NA Yes / No / NA

